Appl. No.

: 10/698,031

Filed

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October 29, 2003

AMENDMENTS TO THE SPECIFICATION

Please amend the specification as indicated below. Additions are show <u>underlined</u> and deletions are stricken through. No new matter is provided with the following amendments.

Please replace paragraph [0001] with the following amended paragraph:

[0001] This application is a continuation-in-part application of co-pending U.S. Application No. 10/127,227, filed on April 19, 2002, now U.S. Patent No. 7,115,095, which is a continuation of U.S. Application No. 09/956,596, filed on September 19, 2001, now abandoned, which is a continuation of U.S. Application No. 09/481,084, filed on January 11, 2000, now U.S. Patent No. 6,328,699, all incorporated by reference herein. This application also claims the benefit of Provisional Application Serial No. 60/470,468, filed May 13, 2003, which is incorporated by reference herein. This application is related to co-pending U.S. Application No. 10/697,960, filed on October 29, 2003, now U.S. Patent No. 6,970,742, which is incorporated by reference herein.

Please amend the Abstract as follows:

An apparatus for treating cardiovascular disease in a medical patient includes one or more sensors, an implantable housing, at least one implantable lead, a signal processor, and a signaling device. The sensor is operable to generate a sensor signal indicative of fluid pressure within the left atrium of the heart. The implantable housing includes a cardiac rhythm management apparatus, such as a pacemaker or a defibrillator. The cardiac rhythm management apparatus includes an electrode, which is operable to deliver an electrical stimulus to a location in the heart. The electrical stimulus is delivered based at least in part on the sensor signal. The lead is coupled to the implantable housing, and to the electrode. The signal processor is operable to generate a processor output indicative of a treatment, and is based at least in part on the sensor signal. The signaling device is operable to generate at least two distinct treatment signals distinguishable from one another by the patient. Each signal is indicative of a different therapeutic treatment, and is based at least in part on the processor output.